

CLAIMS ONLY						Application Number <b>10765636</b>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	I						
2	I						
3	I						
4	I						
5	I						
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50							
Total Indep	I						
Total Depend	10						
Total Claims	11						